

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445380	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2012
NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Comparative Federal Life Safety Code (LSC) Survey was conducted on July 10, 2012. It was conducted as per the requirements of the Federal Register at 42CFR 483.70 (a) using the existing Health Care Section of the 2000 edition of the LSC and its referenced publications. This building was Type II (222), completely sprinklered and housed 25 beds. On the day of survey, census was 19. The deficiencies determined during the survey are as follows: K 062: NFPA 101 LIFE SAFETY CODE STANDARD SS=E Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based upon observation and staff interview during the survey, it was determined that the facility failed to provide the sprinkler system continuously maintained in reliable operating condition. The findings included: Approximately at 4:30 PM, it was observed that central shower room did not have a proper sprinkler coverage due to stall divider. This deficient practice affected 11 residents. This was verified with the maintenance staff at the time of discovery.	K 000	POC ACCEPTED SEP 19 2012 <i>[Signature]</i>		
K 062		K 062	Additional sprinkler head 7-11-12 installed on 7-11-12 Addendum, per request: As noted above, the issue was resolved, and like areas have been surveyed and all are found to be in compliance.		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Pamela B. Rogers

TITLE

NHA

(X6) DATE

7/25/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445360	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2012
NAME OF PROVIDER OR SUPPLIER TENNOVA HEALTH CARE-TENNOVA TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST OAK HILL AVENUE KNOXVILLE, TN 37817		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147 SS=E	<p>Continued From page 1</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: It was determined by observation and staff interview during the survey, that the facility failed to maintain its electrical wiring and equipment in accordance with NFPA 70. The findings included:</p> <p>Approximately at 4:45 PM, it was observed that information systems room located on LL1 multiple extension cords connected together (daisy chain). This deficient practice affected 11 people. This was verified with maintenance staff at the time of discovery.</p>	K 147	<p>① Additional Receptacles in 7/25/12 Stalled and extension Cords removed; also explanation of procedure for use of receptacles given & time of installa- tion</p> <p>② IS desk side team lead ongoing will perform monthly monthly checks to ensure compliance</p>		
	<p>8/22/12 Addendum per request</p>		<p>As noted above, the issue was resolved with plans in place for monthly checks. Similar areas have been surveyed and all are in compliance. Additionally, these areas will be</p>		

Added to the Environment
of Care Committee's Semiannual
Survey and Oversight.